

**WIC BENEFIT STOCK DISPOSAL FORM**

We certify that on \_\_\_\_/\_\_\_\_/20\_\_\_\_, we physically destroyed \_\_\_\_\_ reams + sheets of WIC Benefits:

The benefits were destroyed by (check appropriate):

1. \_\_\_\_\_ SHREDDING
2. \_\_\_\_\_ INCINERATION
3. \_\_\_\_\_ OTHER (Please explain)

**REMEMBER: TWO WITNESSES ARE REQUIRED.**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

WIC Program: \_\_\_\_\_

Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form WITHIN 5 DAYS of the witnessed destruction to:

MONTANA WIC PROGRAM  
Department of Public Health and Human Services  
Cogswell Building, Rm C-305  
PO Box 202951  
Helena MT 59620